United States District Court

NORTHERN DISTRICT OF CALIFORNIA

ESTATE OF DAVID BURKHART, by and through Sally A. Burkhart, as the personal representative

CALIFORNIA

SUMMONS IN A CIVIL CASE

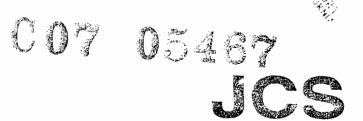
CASE NUMBER:

V.

UNITED STATES DEPARTMENT OF VETERANS AFFAIRS; and DOES 1 TO 50, inclusive

TO: (Name and address of defendant)

U.S. Department of Veterans Affairs VA Medical Center, Bldg. 210 4150 Clement Street San Francisco, CA 94121



YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

SALLY BURKHART
As Personal Representative of
The Estate of David Burkhart
483 Nottingham Way
Campbell, California 95008

an answer to the complaint which is herewith served upon you, within $\mathcal{O}\mathcal{O}$ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

OCT 2 6 2007

Tiffany Salinas-Harwell

AO 440 (Rev. 8/01) Summons in a Civil Action

RETURN OF SERVICE
DATE Service of the Summons and Complaint was made by me ¹
Name of SERVER
Check one box below to indicate appropriate method of service
Served Personally upon the Defendant. Place where served:
Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein. Name of person with whom the summons and complaint were left:
SENDEP: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: 2. Article Addressed to: 3. Article Addressed to: 4. Signature 4. Signature 4. Signature 4. Signature 5. Date of Printed Name 6. Date of D
CIVIL PROCESS CLORE U.S. Attorneys OFFICE U.S. Dept. OF JUSTICE TRAVEL 9th Place Federal Bland 3. Service Type 3. Service Type 4. Certified Mail Express Mail
450 GOOCN GATE AVE BOX 310055 GINSURED MAIL CO.D.
SAN FVONCISCO, CA., 9402 4. Restricted Delivery? (Extra Fee) Yes
(Transfer from service label) 7007 3020 0000 9678 2436 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540
information contained in the Return of Service and Statement of Service Fees is true and correct. Executed on
Date Signature of Server
Address of Server
(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure